

# State of Vermont

Buildings and General Services  
Office of Purchasing & Contracting  
10 Baldwin St  
Montpelier VT 05633-7501  
USA

## CONTRACT



**Vendor ID 0000013724**  
**Medline Industries**  
**1 Medline Place**  
**Mundelien IL 60060**  
**USA**

<b>Contract ID</b> 0000000000000000000014856		<b>Page</b> 1 of 4
<b>Contract Dates</b> 04/02/2009 to 04/02/2011		<b>Origin</b> CPS
<b>Description:</b> CPS - SKIN CARE PRODUCTS		<b>Contract Maximum</b> \$999,999.99
<b>Buyer Name</b> LaRose, Deborah L	<b>Buyer Phone</b> 828-4635	<b>Contract Status</b> Approved

### Phone #:

Line #	Item ID	Item Desc	UOM	Unit Price	Max Qty	Max Amt
1		4 IN 1 BODY CLEANSER FOAM	CS	62.30000	0.00	0.00
		9 OZ, CLEANSSES, MOISTURIZES, PROVIDES MILD PROTETION AGAINST TRANSEPIDERMAL WATER LOSS (TEWL) AND NOURISHES SKIN IN ONE STEP. HELPS REDUCE ODOR. READY TO USE, NO RINSE FOAM, ONE BOTTLE CONTAINS 340 PUMPS OF FOAM, PHOSPHOLIPID BASE, MUST CONTAIN OLIVAMINE R, I-PROLINE, I-CYSTEINE AND GLYCINE. ACTIVE INGREDIENTS: DIMETHICONE (1.5%) REMEDY BRAND MEDLINE MSC #094109				
2		SKIN REPAIR CREAM	CS	53.72000	0.00	0.00
		4 OZ., HELPS STRENGTHEN SKI9N WHILE PROTECTING AGAINST TEWL. FOR PATIENTS WHO ARE AT RISK FOR SKIN BREAKDOWN. READY TO USE. CAN BE USED ON SUNBURN, ITCHING OR DRYNESS. CONTAINS OLIVAMINE R, I-PROLINE, I-CYSTEINE AND GLYCINE. ACTIVE INGREDIENTS: DIMETHICONE (1.5%) REMEDY BRAND MEDLINE #MSC094424.				
3		NUTRASHIELD SKIN PROTECTANT	CS	79.42000	0.00	0.00
		4 OZ. PROVIDES MOISTURE BARRIER AGAINST INCONTINENCE, PROTECTS AGAINST TEWL, LAST AFTER REPEATED WASHINGS, GOOD FOR PATIENTS WITH VERY DRY SKIN, CAN BE USED UNDER COMPRESION WRAPS, WILL NOT INTERFERE WITH ANTIMICROBIAL PROPERTIES OF CHG (CHLORHEXIDINE GLUCONATE). CONTAINS OLIVAMINE R, I-PROLINE, I-CYSTEINE AND GLYCINE. ACTIVE INGREDIENTS: DEMETHICONE 1% REMEDY BRAND MEDLINE #MSC 094534				
4		CLEAR AID SKIN PROTECTANT	CS	62.89000	0.00	0.00
		2.5 OZ., CLEAR, MOISTURE BARRIER THAT ADHERES TO WET, MACERATED SKIN TO ALLOW FOR EASY MONITORING. FOR USE IN PERINEAL AREA AND LOWER EXTREMITIES TO PROTECT AGAINST MINOR SKIN IRRITATION AND DRYNESS. CONTAINS SAFFLOWER SEED OIL, MINIMUM SKIN DRAGGING. CONTAINS OLIVAMINE R ACTIVE INGREDIENTS: WHITE PATROLATUM (50%) REMEDY BRAND MEDLINE #MSC094502				
5		CALAZIME PROTECTANT PASTE	CS	72.99000	0.00	0.00
		4 OZ. ZINC OXIDE-BASED BARRIER THAT PROTECTS AGAINST MOISTURE AND MINOR IRRITATION. METHOL COOLS IRRITATED SKIN AND CALMS INFLAMMED TISSUE. CONTAINS SUNFLOWER SEED OIL, ORGANIC OLIVE OIL, EASY TO SPREAD, STANDARIZED WHITE PETROLATUM. CONTAINS OLIVAMNE R ACTIVE INGREDIENTS ZINC OXIDE 20% AND MENTHOL40% REMEDY BRAND MEDLINE #MSC094544				
6		ANTIFUNGAL POWDER	CS	54.35000	0.00	0.00
		3 OZ. HELPS PREVENT MOST COMMON FUNGAL INFECTIONS INCLUDING ATHLETE'S FOOT, JOCK ITCH AND RINGWORM. HELPS ITCHING, BURNING AND IRRITATION, CONTAINS CETYL DEMETHICONE, OLIVAMINE R ACTIVE INGREDIENT: MICONAZOLE NITRATE (2%) REMEDY BRAND MEDLINE #MSC094603.				
7		WOUND CARE PREVENTION AND TREATMENT KIT THAT CONTAINS: WOUND CARE HANDBOOK, EDUCATIONAL BROCHURES, WOUND IMAGES CD, WOUND CARE POCKET GUIDE. SEE REPRESENTATIVE.	EA	0.01000	0.00	0.00

### CONTRACT TERMS AND ADDITIONAL INFORMATION

THIS CONTRACT IS ISSUED IN ACCORDANCE WITH THE STATE OF VERMONT RFP FOR SKIN CARE PRODUCTS ISSUED FEBRUARY 9, 2009 AND VENDOR'S RESPONSE DATED FEBRUARY 23, 2009.

STATE OF VERMONT ATTACHMENT C: STANDARD STATE CONTRACT PROVISIONS DATED JANUARY 8, 2009 AND ATTACHMENT D: COMMODITY PURCHASES TERMS AND CONDITIONS DATED DECEMBER 8, 2008 ARE ATTACHED AND INCORPORATED AS PART OF THIS ORDER.

SCOPE OF CONTRACT: SUPPLY SKIN CARE PRODUCTS TO VARIOUS LOCATIONS THROUGHOUT THE STATE OF VERMONT ON AN AS NEEDED BASIS.

CONTRACT PERIOD: APRIL 2, 2009 TO APRIL 2, 2011 WITH THE OPTION TO RENEW FOR TWO ADDITIONAL 12 MONTH PERIODS.



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USA

[illegible]

Line #	Item ID	Item Desc	UOM	Unit Price	Max Qty	Max Amt
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IF YOU HAVE ANY QUESTIONS REGARDING THIS DOCUMENT PLEASE CONTACT:  
DEB LaROSE, PURCHASING AGENT, TELEPHONE 802-828-4635, FAX 802-828-2222  
E-MAIL: [deb.larose@state.vt.us](mailto:deb.larose@state.vt.us)

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WE THE UNDERSIGNED PARTIES AGREE TO BE BOUND BY THIS CONTRACT

By the STATE of VERMONT

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title:

Email: \_\_\_\_\_

By the CONTRACTOR

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title:

Email: \_\_\_\_\_